PTO/SB/06 (08-0)
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PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875  PAGENTARY APPLICATION FEE DETERMINATION RECORD  Application or Doctor Number  09 1832,753											J	
CLAIMS AS FILED - PART   (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
			MUMBER FILED		MUMBER EXTRA		RATE	FEE	7	RATE	FEE	
B	ISIC FEE 7 CFR 1.16(a))					7		1395	08		.790	
	TAL CLAMS FOR 1.16(0)		méncus	·		7	x , 25 .			×150 .	<u> </u>	
ŧŃ	DEPENDENT CL	una .	minus 3 =		<del></del>	1		<del> </del>	7		1	
	MULTIPLE DEPENDENT CLAMPRESENT (27 CPR 1, (4(2))						X 3/00 -		OR	× 1700 -	<del>                                     </del>	
					_	+ 180 -	┼	OR	+1.360.	<del> </del>		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	<u> </u>	OR	TOTAL	L	
CLAIMS AS AMENDED - PART #												
1	13.06	(Column 1)		(Column	2) (Calumn 3)		SMALL	ENTITY	QR		R THAN ENTITY	
AMENDMENT A	:	CLAIMS REMADEING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT EXTRA		RATE	ADDI- TRONAL FEE	]	RATE	ADDI- TIONAL FEE	
	DI CHE LINE	17	Minus	20	1. /	1	x . 25 .		D <sub>OR</sub>	50 .	- '	
	(I/ tifA 1.14(p))	3	Minus	3	-	1	31100.			x 200.		
¥	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAM (ST CFR 1,16(6))						+: 180 -/		OR.	+1360		
						ן נ	TOTAL		1	TOTAL	<del>)</del>	
							ADDL FEE		OR	ADO'L FEE		
_	alia la	(Column 1)		(Cohimn		7 [			1 1			
<b>JENOMENT B</b>	110/04	REMAINING AFTER AMENDMENT		PAID FOR	Y EXTRA		RATE	ADDI: TYONAL FEE		RATE	ADDI- TIONAL FEE	
	total or crecuell	17	Minus	17	1./		د ب <u>عد</u> د د		OR	x 150 .		
	independent GT CFR 1.1600)	·3	Minus	3		I	x . 100 .		OR .	x : 800 -		
AM	FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.15(d))						+ 150 -		ÖR	+,360-		
							TOTAL ADOL FEE		ÓR	TOTAL ADDL FEE		
/-	-18-07	(Column 1)		(Column 2)	(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	NOCTEE [		
AMENDMENT C		CLAIMS REMAINING		HIGHEST	PRESENT	۱	RATE	ADDI-	ſ			
		AFTER AMENDMENT		PREVIOUSL PAID FOR	Y EXTRA		PAIE	TIONAL FEE	l	RATE	ADDI- TIONAL FEE	
	Total pyers respect	17	Minus	"00	' /	L	x 1 <u>85</u> -		OR	x : 50 -		
	(AT CFR 1.1940)	(3)	Minus	-3			x \$ 100 =		OR	x . 200.		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM DIF CFR 1,5 RGB						+:180-	. ]	OR	+ .360.		
					$\overline{}$		TOTAL ADDL FEE	AT	OR L	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write of in column 3. ** If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
	"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".  The "Highest Number Previously Paid For" (Total or independent) is the highest number lound in the appropriate box in column 1.											

The "Highest reamber retrievesy Pold For (Total or independent) is the highest number learn in the appropriate box in column 1.

This cofficient of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This cofficient is estimated to take 12 minutes to complete, including gashering, preparing, and submitting the completed application from to the USPTO. There will vary depending upon the individual case, any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark, Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.